

8.A. NAME OF INSTALLATION OLYMPIC TOOL & ENG., INC.
(Same as item No. 3)

8.B. EPA I.D. NO. _____

9. TYPES OF REGULATED DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING (Read & follow instructions for this section carefully—Enter an "X" in any sections of 9.A., 9.B., or 9.C. below that may apply).

9.A. HAZARDOUS WASTE ACTIVITIES (See instructions for definitions of these activities).

1. GENERATOR 1a. Conduct on-site recycling
2. TRANSPORTER 2a. Transport Wastes Commercially (for hire).
 2b. Modes of Transport: (1) Highway (2) Air (3) Rail (4) Water (5) Other
(Specify in comments)
3. MANAGEMENT FACILITY (TSD) 3a. Facility accepts wastes from OFF-SITE Generators.
 3b. Process conducted or available at this facility;
 (1) Treatment (2) Storage (3) Disposal
 (4) Other (specify in comments).
 3c. Current Part A ____/____/____
 Part B Process Yes No
4. IMMEDIATE RECYCLER
5. PERMIT-BY-RULE FACILITY
6. MARKET OR BURN DANGEROUS WASTE FUELS— 6a. Generator Marketing to Burner 6b. Other Marketer
 6c. Burner. (COMPLETE 9c.—TYPE OF COMBUSTION DEVICE)

9.B. USED-OIL FUEL ACTIVITIES.

1. OFF-SPECIFICATION USED-OIL FUELS—1a. Generator Marketing to Burner 1b. Other Marketer 1c. Burner (Complete 9c.)
2. SPECIFICATION USED-OIL FUEL MARKETER (or ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION.

9.C. DANGEROUS WASTE OR OFF-SPECIFICATION USED-OIL FUEL BURNING: TYPE OF COMBUSTION DEVICE.

(see instructions for definitions of combustion devices) 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace.

10. WASTE IDENTIFICATION (Copy this page if you have more than 5 waste streams—other information (sections 9 and 11-13) not needed on continuation sheets)

A. NUMBER	B. DESCRIPTION OF WASTE(S)	C. DANGEROUS WASTE NUMBER	D. ESTIMATED OR ACTUAL ANNUAL WASTE QUANTITY	E. WASTE CODE
1	OILS, COOLANT, (TRIMSOL)		4000	P

11. Complete a, b, or c; AND d below.

- 11.A. (Batch Frequency _____) QUANTITY _____ WEIGHT _____ CODE _____
- 11.B. PER MONTH QUANTITY 4000 WEIGHT _____ CODE _____
- 11.C. ONE-TIME-ONLY QUANTITY _____ WEIGHT _____ CODE _____
- 11.D. AMOUNT TO BE ACCUMULATED ON-SITE PRIOR TO SHIPMENT QUANTITY 1600 WEIGHT _____ CODE _____

12. COMMENTS REF. SEC. 7B

P.O. BOX 517, SHELTON, WA 98584

13. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE: *Roland Moyneur* NAME AND OFFICIAL TITLE (type or print): Roland Moyneur Vice President DATE SIGNED: 12/02/91